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QUERY CONTROL FORM			RTIS U	SE ONLY
*Application No. (>93 8888	Prepared by (7 Shutz	Tracking Number	059 28203
Examiner-GAU (2-yant - 3726	- Date	5-17	Week Date	45
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JACKET				
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449	
b. Applicant(s)	g. Disclaimer	I. Print Fig.	q. PTOL-85b	
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract	
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs	
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other	

SPECIFICATION	MESSAGE
a. Page Missing	pase aduse
b. Text Continuity	Claim 19 missing in
c. Holes through Data	Specification.
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
CLAIMS	
a. Claim(s) Missing	
b. Improper Dependency	
c. Duplicate Numbers	Thankyou
d. Incorrect Numbering	initials MS
e. Index Disagrees	RESPONSE CLAIM 19 13 MISSIME CLAIMS 20-24 Should BE RENUMBEREN 19-23 RESPECTIVELY UPON 155 VANCE
f. Punctuation	CLAIMS 20-24 SHOULD BE RENUMBEREN
g. Amendments	19-23 RESPECTIVELY UPON ISS VANCE
h. Bracketing	
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j. Duplicate Text	
k. Other	
	initials <